West Bridgford Urban District Council.

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1910.

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WEST BRIDGFORD

Urban District Council.

1910.

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Vice-Chairman :

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Medical Officer of Health	DR. WALTER HUNTER.
Surveyor & Sanitary Inspector	MR. WILLIAM PARE, C.E.
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REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1910.

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To the Chairman and Members of the West Bridgford Urban District Council.

GENTLEMEN,

I have now the honour of presenting to you my Twentieth Annual Report which deals with the year 1910.

In introducing this Report, perhaps I ought to remark shortly, upon the increasing duties and responsibilities, which are yearly being thrust upon Cities, Boroughs, Urban and Rural Districts.

The tendency of the present time is for more parliamentary powers being given to County Councils and to a lesser degree to Urban District Councils.

Increased local government is "in the air"

Unfortunately this cannot be effected without increased expenditure, a point sometimes overlooked by those who agitate for improvements, and so increased burdens are being cast upon the ratepayers. In the cities and counties, the rates keep increasing, and this increase is certain to continue and grow, so long as schemes are launched by parliament.

It must be gratifying to the ratepayers of West Bridgford, that although much progressive work has been done by your Council, there has been no increase in the rates.

The Members of your Council have only one aim in view—the welfare of the parish and the people who live in it, and they administer the powers with which they are endowed, with great consideration to all concerned.

These powers involve the administration of the infectious diseases act, the water supply, the drainage, lighting and scavenging of the district, new buildings, workshops and factory inspection, milk supply, the naming and numbering of streets, fire appliances, the regulation of 'bus and other traffic. In addition to these and other duties, your Council is now deeply concerned in the dust abatement problem.

This is one of the most serious and difficult problems with which County and other Councils are being called upon to face.

The dust nuisance arising from motor car traffic is little short of a national pestilence, and must seriously affect the health and comfort of those who reside on main roads. I am quite sure that the various forms of sore throat are more prevalent since the advent of the motor car.

While these new duties are being yearly added to Sanitary Authorities and their Officials, the Local Government Board has just issued an order making the tenure of office of Medical Officers of Health more secure.

Up to 31st December last, Medical Officers of Health —one half of whose salary was paid by the County Council—required to have their appointments ratified annually. He was appointed from year to year. This is no longer necessary.

Article VI of the new order says :—"The appointment " may be made without limit of time or for a specified " term and in cases in which the appointment is for a " term, the Council shall specify in the resolution " making the appointment or in a subsequent resolution " the term for which the appointment is made."

Whilst duly appreciating the value of this concession to Medical Officers of Health, making their tenure of office more secure, the new order entails upon them a substantial increase of their duties, as regards making additional returns to the central authority.

The Medical Officer of Health must now send to the Local Government Board and to the Medical Officer of

Health of the County Council a weekly return of the number of infectious disease notified to him.

These returns will furnish the Board with a mass of valuable statistical information and will bring the central authority into closer touch with local administration. Those Health Officers who care to do so will be able by means of this collated information to follow the movements of infectious diseases in other districts.

Medical Officers of Health are required to send three copies of their annual reports to the Local Government Board. There are now six authorities entitled to receive reports from Medical Officers of Health.

Article IX of the same order says :—"Every Officer " appointed to hold office without limit of time shall " continue to hold office until he dies, or resigns, or is " removed by the Council with Our assent, or is removed " by Us, or is proved to be insane by evidence which we " shall deem sufficient."

FLOODS.

During the early days of December, your parish was unfortunately visited by a severe flood which for two or three days caused much inconvenience to the inhabitants. Many other districts in the county and indeed all over the country were similarly afflicted. The Loughborough and Melton Road districts suffered most, those roads being impassable to pedestrian and motor traffic for two days.

These floods visit the valley of the Trent periodically—happily with long intervals. The previous flood of any magnitude being in 1900. Geologists tell us that the Trent was at one time a much larger river than it is to-day and that its diminished flow has not sufficient force to clear away all the gravel and detritus brought down by its tributaries.

After a period of heavy rain the Trent becomes a swollen, turbulent river, overcoming all artificial barriers and spreading out as a broad flood, submerging a large district of country on either side of its banks, and bringing loss and inconvenience to the farmers who live near it and to the people of Nottingham, Newark, and other towns situated on its banks.

As many of the houses in West Bridgford had their cellars filled with flood-water to the depth of several feet, it might be supposed that the health of the people would be prejudicially affected. I found no evidence of this myself, but to make myself more confident on this point I addressed the following letter to the three leading medical gentlemen in the parish and I append their replies.

Dear —— *19th December, 1910.*

I am trying to find out whether the health of West Bridgford has in any way been prejudicially affected by the recent flood, and shall be very much obliged if you will give me your views, (in writing) on the subject.

Yours faithfully,

WALTER HUNTER.

Dr. BELCHER replied on 21st December—

In reply to your enquiry as to the effect, in my experience of the recent floods upon the health of West Bridgford, I may say that I find no evidence and no complaint that they have prejudicially affected the general health. In fact I find the amount of sickness is at present less than usual at this time of the year and considerably less than in the late summer immediately after the holiday season.

Dr. BLURTON replied on 21st December—

With reference to your query as to whether I have found the health of West Bridgford has been affected by the recent floods—I have NOT seen any case of illness that I have attributed in any degree to the floods—in fact I am not quite so busy this month as I was last month.

Dr. WESLEY replied on 26th December—

I have delayed writing you in answer to yours in the hope that I could report something definite—but I am obliged to say that I cannot trace any special effect on the health of West Bridgford from the recent flood. I am not more busy now, than I usually am in December.

It is of course possible that the long continued presence of flood-water in many cellars may later on cause trouble, but so far I can only say that nothing harmful has resulted.

These letters shew a remarkable unanimity and confirm the opinion I had already formed, that beyond a temporary inconvenience, the flood proved quite harmless to the public health.

Your Council always alert to the interests of the parish have appointed a special "Flood Committee" to enquire into the subject and report to your Council at a later date.

The parish, as will be seen later on in this Report, continues to grow, having more than maintained its usual increase of population during the year. The erection of new houses is most noticeable in the direction of Edwalton. The design of some of the villas being erected in this district shew a distinct improvement. Building operations on the Lady Bay district seem at a standstill.

In September last the rateable value of the property in the district assessable to the General District Rate. was £56,631. A penny rate is estimated to produce £235 gross. A rate of 1/6 in the pound is estimated to produce £4,230 gross and £4,000 net.

The present rate is 1/5½ in the pound which is estimated will produce £3,899 net.

POPULATION.

Mr. Comery, Rate Collector, has given me the following data upon which to reckon the population of the parish for the year 1910.

On 30 June last the total number of inhabited houses was 2,800. Of these 645 were situated in the Lady Bay district. The empty or uninhabited houses numbered 175.

Reckoning as in former years 4½ inhabitants to each house we arrive at an estimated population of 12,600, which shews an increase of 666 over the previous year and an increase of 101 over the average of the past five years. The growth of the parish continues—the coming Census will shew whether the estimated population is near the mark—meantime it is upon these figures (12,600) that I base my vital statistics.

Plans for 103 houses were passed by your Building Committee during the year—also plans for one Bakery and other out-houses and several alterations.

SEWAGE FARM.

The crops of mangolds, beans, and osiers when sold realized the sum of £94. The care and management of the Farm is one of the most interesting duties of your Council. During the year occasional visits are made to it not only by the members of the Farm Committee but by all the members of your Council.

SEWAGE PURIFICATION.

The Bacterial Installation continues to give satisfactory results. Your Surveyor has reported at length upon the pumping plant and purification works generally, with the

result that your Council has decided to borrow on loan the sum of £2,800 for an extension of both plants. It is expected that this work will be completed during the present year. With an increasing population, the occasional enlarged cost of your means of sewage disposal is to be expected.

DESTRUCTOR.

This plant continues its work of destroying all the solid refuse and garbage of the parish with great satisfaction The cost of repairs continues to be low and the whole plant performs its allotted work very well.

SCAVENGING.

There are about 400 tub or pail closets in the parish being an increase of 28 during the year. There are now about 450 midden-ashpits in the district. The total abolition of these is much desired by your Council, as they constitute the one defect in an otherwise almost perfect system of sanitation. The difficulty in the past has been the method of procedure. By means of persuasion and friendly advice on the part of Mr. Pare and myself we succeed every year in in getting landlords to realise that it is in their own interests to have these privy middens abolished, and so the number is gradually and steadily decreasing but it is slow work.

I understand that it is now possible for District Councils to borrow money on loan in part payment of the

cost of converting ashpits into the water carriage system. Considering the great expense of scavenging ashpits and tub closets, and the unpleasant and repulsive nature of the work, an application for such a loan by your Council should be seriously considered. The return would be two-fold—less expense and healthier conditions.

SEWERS.

There has been an extension of the main sewers into Albert Road, Loughborough Road and Melton Road while private estate owners have had extensions on the proposed new streets off Melton Road and Valley Road.

Your Council has now fulfilled its obligations with regard to sewering public roads. Quite early in the history of West Bridgford, as we now know it, a main sewer was laid along Loughborough Road. For some reason this sewer has been a great source of trouble and expense. It will be necessary in Mr. Pare's opinion to resewer this road sooner or later, and now that the system of public sewers in the parish is completed, he thinks this a favourable time to consider this defective point in the system.

ROADS.

The following new streets have been completed and adopted as public highways during the year. Richmond Road, Edward Road, (part) Ella Road, (part) Newhall Grove, Hardwick Road and Hadden Road. The public

roads in the parish have been maintained in the usual excellent conditions.

Many trees have been planted in various roads. These add greatly to the beauty of the parish, but they should be rather unsparingly pruned every year, so that they should not interfere with the light and airiness of the dwellings.

ALLOTMENT GARDENS.

The gardens continue to be well let. Since their inception, some years ago, there has never been an allotment without a tenant—a striking proof of the real need and demand for allotment holdings.

RECREATION GROUND.

Your Council has resolved to utilise the enclosed ground adjoining the Public Offices for recreation purposes. It is now being planted with trees and shrubs and the centre area is being laid with turf. Several seats will be placed in the grounds. The idea is thoughtful and will add another charm to the parish.

SANITARY INSPECTIONS.

During the year there were 36 special inspections of various premises. 26 of these were in response to requests made to your Sanitary Inspector.

One general inspection of a great part of the parish was made after the floods at the beginning of December.

Householders were afforded assistance in getting rid of the water and its effects, many cellars being disinfected.

With two exceptions all the cases where sanitary defects were found to exist, were speedily rectified. The two exceptions are still in hand.

VITAL STATISTICS.

(1) BIRTHS.

175 children were born in West Bridgford during 1910. Of these 105 were males and 70 were females, as compared with 182 births during 1909. The excess of male over female births is striking. There were two illegitmate births. With an increased population of 666 over 1909, the number of births is 9 less.

Indeed the number of births is nearly the same as in 1907, when the estimated population was nearly 2,000 less.

Year.	No. of Births.	Population.	Rate.
1906	149	10,243	14.7
1907	173	10,755	16.1
1908	188	11,362	16.5
1909	182	11,934	15.3
1910	175	12,600	13.9

The birth rate is 13.9 per 1000 which is the lowest in the records of the parish and must be very nearly a record for the United Kingdom. In my last year's report

I remarked "Considering that the inhabitants of West "Bridgford are nearly all of the well-to-do middle class "and that there is neither poverty nor destitution, there "is no excuse whatever for such a low birth rate. It is "nothing to be proud of." I again emphasise these remarks, especially the last sentence.

The birth-rate is declining all over the country, and as far as I can discover, West Bridgford leads the way It is a striking example of the fact that the decline is greatest among the more capable and intelligent classes of the population, while there is but little decline amongst the least capable.

If this goes on, the result is inevitable. In a few generations the least capable by sheer force of numbers will have swamped the more capable—then goodbye to our country's predominance amongst the nations of the world.

One of the principal influences at work in the reduction of the birth-rate—perhaps it is the most excusable— is the retardation of the age at which the provident classes marry. This acts in a three-fold way. First it results in smaller families, second it produces fewer generations in a given time and third there are fewer generations alive at the same time.

The chief influence however on the causation of this declining birth-rate or "Race Suicide" as it has been well

named is the shirking of parental responsibilities by the modern man and woman.

It is a grave question for the country, more grave than questions of politics or armaments, and as such it is the duty of Health Officers to press the question upon the attention of their constituents. It is a pity such a serious national question should be treated by so many as a huge joke.

The birth-rate for Nottingham for 1910 was 24.7 per 1,000 and for Great Britain 24.8 per 1,000.

(2) DEATHS.

65 people died during the year in your parish, 28 males and 37 females as compared with 72 deaths during 1909.

The deaths occurred as follows—

1st	Quarter	30 Deaths.
2nd	„	7 „
3rd	„	14 „
4th	„	14 „

The monthly distribution was as follows—

January	11 Deaths.
February	10 „
March	9 „

April	3	„
May	2	„
June	4	„
July	4	„
August	3	„
September	5	„
October	2	„
November	7	„
December	2	„

The first three months of the year, when the weather was cold shew the heaviest mortality.

The age distribution was as follows—

Under one year		7	deaths
1 to 10 years		3	„
10 „ 20	„	4	„
20 „ 30	„	8	„
30 „ 40	„	-	
40 „ 50	„	11	„
50 „ 60	„	9	„
60 „ 70	„	8	„
70 „ 80	„	12	„
80 „ 90	„	3	„
		65	

Of the total deaths 15, (23 per cent) were persons over 70 years of age. The percentage has been as high in former years as 37 per cent., which again emphasises the fact

that many of the residents in West Bridgford live to advanced life.

The chief causes of deaths were as follows—

Consumption	5	Deaths.
Diseases of the Lungs other than Consumption, (Pneumonia, Pleurisy, Bronchitis &c.,	7	,,
Heart Disease	8	,,
Cerebral Disease (including Apoplexy)	7	,,
Cancer	7	,,
Renal Disease	4	,,
Senile Decay	8	,,
Prematurity	4	,,

There were 2 uncertified deaths and 2 suicides 3 inquests were held, in two of those the bodies were removed to the mortuary at the sewage depot.

The "Gross" death-rate is 5.2 per 1,000. This includes all deaths within the parish boundaries.

In accordance with the regulations of the Local Government Board however, residents of a parish who have died outside must be added to the gross deaths so as to arrive at a "corrected" or "net" rate.

Through the kindness of Dr. Handford, County M.O.H., I learn that three such deaths of West

Bridgford people occured during the year. One took place in the County Asylum, one in Nottingham General Hospital, and one in the Basford Workhouse These bring the total deaths to 68 ; and the "corrected" or "net" death-rate to 5.4 per thousand ; or nearly one per 1,000 less than last year.

This rate constitutes not only a record for the parish, but for the whole habitable globe. At least I know of no place which can shew a death-rate approaching this. (The death-rate for the last ten years will be found in Table I. at the end of this report).

The death-rate for Nottingham for 1910 was 14.1 per 1,000, and for England and Wales 13.4 per 1,000.

INFANT MORTALITY.

7 infants died before completing their first year of existence. Of these 4 died as the result of being born prematurely—1 died of convulsions, 1 of jaundice and 1 from want of proper attention at birth (Inquest).

The rate is 40 per 1,000 which is very low. No special efforts such as the employment of health visitors are used in West Bridgford. Owing to the nature of the population, these are unnecessary.

MARRIAGES.

There were 46 marriages during the year. Of these 39 were solemnized in the Parish Church,

the others being solemnized either in the Nonconformist Chapels in the parish or before the Registrar.

BURIALS.

24 burials took place in the Parish Churchyard during the year.

INFECTIOUS DISEASES.

The following diseases are looked upon as infectious. Small Pox, Scarlet Fever, Typhus, Typhoid, Erysipelas, Puerperal Fever, Measles, Whooping Cough, Chicken Pox, and Phthisis. Of these the first six are notifiable.

34 Cases were notified during 1910 as compared with 52 cases in 1909.

Scarlet Fever	12 Cases
Diphtheria	14 „
Enteric Fever	3 „
Erysipelas	5 „
	34

The monthly distribution was as follows—

January	6 Cases
February	2 „
March	4 „
April	1 Case
May	1 „

June	4	Cases
July	2	„
August	2	„
September	1	Case
October	4	Cases
November	3	„
December	4	„
	34	

As in former years January claims the largest number of cases, probably due to the agency of the children's parties which are so frequent about Christmas and the New Year time. There was only one fatal case—a case of Diphtheria, the immediate cause of death being heart failure.

One of the Scarlet Fever cases—a domestic servant—was removed to the Basford Sanatorium. All the other cases were treated at home and in no case as far as I know did the disease spread. Given a modern house, with decent sanitary equipment, and with ordinary precautions, these infectious diseases as we now see them, appear to be quite manageable, and the danger of the disease whatever it may be, spreading, to the other members of the family is small.

The arrangement with the Basford Union to receive special cases into their Sanatorium continue in force and is quite satisfactory. The parents or guardian must sign

a paper recognising his responsibility for the payment of the patient's maintenance during the stay in the Sanatorium.

So long as this arrangement continues, the necessity for building an isolation hospital for your parish is not urgent. With an increasing population especially of the artizan class, the proposal of having a small isolation hospital of your own may have to be again considered. Some years ago it was seriously discussed by your Council.

The minimum cost of erecting such an hospital containing 10 beds would be at the rate of £250 per bed. There would be a maximum standing charge of £40 to £50 per annum whether the hospital was occupied or not and when occupied, the cost would vary from twenty to thirty shillings weekly for each patient, according to the number of patients in the hospital at one time. From the ratepayers' point of view the question is therefore a serious one. Besides many Health Officers are beginning to doubt the wisdom and usefulness of these isolation hospitals.

NOTIFIABLE INFECTIOUS DISEASES.

(1) DIPHTHERIA. 14 Cases were notified, one of which proved fatal, as compared with 13 cases notified during 1909.

After many years it is disappointing to have to admit that the causes which favor the spread of this malady are not fully understood.

It is probable that the infection is conveyed in the throats of persons who have either recovered from the disease or who have the disease in such a mild form that it is not detected. Probably only a small percentage of those exposed to the infection of Diphtheria contract the disease. Quite recently a patient of mine, a middle-aged woman, died of Diphtheria in Bagthorpe Hospital. She contracted the disease while nursing her sister, who had a severe attack of Pneumonia. There were five young children in the house, which was a very small and crowded one, yet none took the disease, although they had been exposed to the infection for several days and under conditions most favourable to its spreading.

There are evidently some people in whose tissues the bacillus of diphtheria will not live at all—others in whom the bacillus may live for a varying period, without producing definite symptoms—in others the bacillus may produce an illness varying in intensity from a slight sore throat to an appallingly severe and fatal illness.

Diphtheria has of late years undergone a great change both as regards its prevalence and its severity.

The apparent increase of the disease may be and is probably dne to the fact that bacteriological examinations now disclose many cases, both throat and nasal, which formerly escaped notice, while fatal cases are much fewer in proportion than in former times. This lessened fatality

is greatly due to the splendid results of the Anti-toxin treatment.

In West Bridgford, most of the residents can afford to pay for this serum which is rather expensive.

In the case of the poor who cannot afford to pay for it, the Local Government Board have now sanctioned

"the provision by local authorities, whether county "boroughs, urban or rural disrticts, of a temporary "supply of diphtheria Anti-toxin, and of medical "assistance in connection with the temporary supply of "diphtheria Anti-toxin for the poorer inhabitants of "their district."

In view of the probability of children being allowed to return to school too soon after an attack, teachers should recognise the necessity of each scholar having his or her own pen and pencil and that scholars should be taught not to put these in their mouths at any time.

(2) SCARLET FEVER. 12 cases were notified during the year. The cases were of a mild type and all recovered. One case, a servant maid was removed, at the request of her master to the Basford Sanatorium. It is in such cases that the privilege of having this hospital at command is most valued. All rooms occupied by scarlet fever patients are disinfected by your Sanitary staff, and the bedding &c. is removed to the Depot and subjected

to disinfection by steam, and returned the following day. This work continues to be well and efficiently done. I have had no complaints of damage done to the rooms or their contents, nor of any discourtesy on the part of any of your staff.

(3) ENTERIC FEVER. 3 cases were notified and all recovered. Unless this disease appears in an epidemic form, (when the disease is usually due to contaminated water or milk) it is difficult to assign the cause. One of the cases was probably due to eating oysters, as the disease appeared nine days after the patient had partaken of this bivalve. It is doubtful if anyone can contract enteric fever except through the alimentary canal—that is either by contaminated food or drink. It does not arise from defective drains. As far as I know the typhoid bacillus has not yet been found in sewer air.

(4) ERYSIPELAS. 5 cases were notified. No deaths. These call for no special comment.

NON-NOTIFIABLE DISEASES.

(1) MEASLES. There were two epidemics during the year, one in the Spring and the other in the Autumn. In both cases the epidemic was stayed by closing the infant departments of the schools.

Measles is a non-notifiable disease. Notification would be and has been found to be practically useless as a preventative measure.

School epidemics conclusively prove that the infection spreads direct from the sick to the healthy. Infection derived in this manner accounts for the vast majority of all school cases. Children in the initial stage of the disease are the effective source of epidemic outbreaks and short of school closure their immediate removal is imperative.

There is however no reason why the older children coming from homes where their younger brothers or sisters are lying ill with the measles should not attend school, provided they have already had measles. These do not spread the disease. The Notts. County Council's Regulations admit of this and it is a decision with which I agree.

Measles is too frequently looked upon as a disease of no great seriousness. It is not only a serious, but a fatal disease unless the child is properly cared for during the attack.

The mortality returns for Englnad and Wales for 1910 are not yet published, but during 1909 the number of deaths caused by Measles was 12,448, which was more than twice the number of deaths due to diphtheria and nearly four times those due to scarlet fever.

Copies of my letters advising school-closnre were sent to Mr. Moss, "correspondent" to the Council schools; to the County Medical Officer of Health; to the Chairman of the School Managers, and to the Local Government Board.

(2)—CONSUMPTION. There were 5 deaths from this disdisease as compared with only 3 deaths during 1909.

Although it is twenty-eight years since the tubercle bacillus was discovered, the deaths from consumption in England and Wales amount to nearly 40,000 annually. It is responsible for over 10 per cent. of the mortality from all causes. The death-rate however shews a steady decline.

The predisposing causes are insanitary houses, insufficient and improper food, personal uncleanliness, dirt, alcoholism, improvidence and poverty. The control of the disease therefore involves all such questions. A vigorous campaign against these, by concerted and combined action on the part of existing Sanitary and Charitable Officers might help greatly still further to lessen the ravages of this disease

One of the best methods of disseminating knowledge with regard to the prevention of consumption is the holding of Tuberculosis Exhibitions. The National Association for the prevention of Consumption is now sending its exhibition to those towns which desire it. This exhibition brings to our very door a vast amount of instruction as to the nature and means of preventing tuberculosis and it would be well of every Municipality and every Urban Authority in the kingdom would take advantage of it. (Since writing this I learn that this Exhibition will be held in Nottingham for one week commencing 13th March).

(3)—CANCER. There were 7 deaths from cancer, as compared with 8 deaths during 1909. Of these 7 cases, 4 were males and 3 were females. The ages varied from 48 to 71. A great many people who have cancer die just at the time when they can be least spared. The organs affected were the bladder, bowel, breast, liver, throat and oesophagus.

SCHOOL CLOSURE.

The Infant Department of the Trent Boulevard School was closed on 3rd May on account of the prevalence of measles, and the same department of the Musters Road Schools was closed from the 28th September till the 24th October, also on account of measles. Both closures were quite satisfactory as regards the disappearance of the disease.

School closure is however of doubtful utility, and is at best only postponing the evil day, when the disease will appear again. I am not sure but the best plan might be to let these measles epidemics run their course. I am more in favour however of closing the infant departments owing to the greater mortality in young children when attacked by measles.

I am sure that the constant and urgent insistence of School Attendance Officers is a cause of the spread of infectious disease in your own as in other parishes. The great majority of the parents in West Bridgford require

no such attention by the School Officer. They recognise the importance of regular attendance, and only keep their children at home when they are ill.

Here is a case. On Monday, 26th September last, a little boy in the Infant Department of the Musters Road Schools fell ill and was kept at home. He had headache and was feverish. On the following morning (Tuesday) the Officer called at the house and asked that the boy should return to school as soon as possible. He was accordingly sent to school on the two following days. On the following Saturday I saw the boy at home and in bed with a full-blown rash of measles. This boy was therefore urged to go to school against the wishes of the parents while he was in the initial and most infectious stage of the disease. No doubt he infected other scholars.

The mistake was all the more serious, as measles had already appeared in the school.

When from any cause the attendance at school has diminished, I fear the visits of the Officer become more urgent, as diminished attendances mean diminished Government grants.

The Officer is not to blame. He is only carrying out the duties of his office. He should be allowed some discretion in the discharge of his duties.

To insist upon children under all and any condition attending school is little short of a tyranny. So long as

this feverish anxiety for regular attendance, irrespective of the state of the child's health exists, so long shall there be epidemics of infectious disease.

In regard to school closure the following alterations appear in the Code for 1909.

Under Article 57, "If the Sanitary Authority of the "district in which the School is situated, or any two mem-"bers thereof, acting on the advice of the Medical Officer "of Health, require either the closure of the school or any "department thereof, or the exclusion of certain children "for a specified time, with a view to preventing the spread "of disease or any danger to health likely to arise from "the condition of the school, such requirement must be at "once complied with."

Where a Medical Officer of Health advises the closure of a school to prevent the spread of disease, but does not act through the Sanitary Authority (District Council), or two members thereof, his letter of advice requires "the approval of the School Medical Officer," under Article 45 (*b*) of the code.

Without this approval, expressed by the counter signature of the letter of advice, the Board of Education make no payment for the period during which the school is thus closed. A communication of the facts should, therefore, be made to the chief School Medical Officer. The chief School Medical Officer can also, upon his own initiative, advise the closure of a school.

Where a Medical Officer of Health is asked to advise the closure of a school at which *the attendance has been greatly reduced* on account of the prevalence of an infectious disease, and the Medical Officer of Health is of opinion that the closure of the school *will not beneficially influence the course of the epidemic*, but only prevent loss of grant, he should communicate with the chief School Medical Officer, and leave the closure to him.

DISINFECTION.

Dnring the year 19 houses were disinfected by your sanitary staff. As I have had no complaints of carelessness or incivility on the part of your workmen, the work has evidently been well and carefully done. The disinfecting agent used is a combination of Formalin and Sulphur. A thorough washing of the walls and floors with soap and hot water is advisable, and the windows should be kept open night and day before the room is re-occupied.

In schools the windows should be kept open in all weathers, draughts, being as far as possible prevented. The teaching of classes in the open is now being practised in suitable weather and is a commendable procedure. The open window is better for all scholars, even for the delicate and those with weak chests. This fact is founded on much experience and is the essential part of all Sanatorium treatment. It should be a part of the education of every child, to learn the lesson of the open window and the

advisability of being surrounded by fresh air at all times.

As the science of bacteriology advances, the causes of infection are becoming better understood. I have always been a believer in the spread of infection by "direct contact" either during the acute stage or by discharges such as from the ear, nose or throat during convalesance.

In scarlet fever, too much importance has been and still is attached to the peeling stage. The discharges from the ear or throat are of much greater importance as infective agents than the desquamating skin. The former often contain living germs which are potential sources of infection, in both scarlet fever and diphtheria.

The bedding and clothing from infected houses are disinfected by steam, at the Depot. The utility of this steam disinfector is indeed very great and by its use, expense and trouble to the inhabitants are alike saved. This I look upon as the most important part of disinfection as now practised.

DAIRIES AND COWSHEDS.

These have been visited from time to time and efforts have been made to secure a reasonable degree of cleanliness. Considerable improvement in this respect is noticeable, but much remains yet to be done.

In my last year's report I advised the thorough ventilation of cowsheds, the temperature of which should be kept about 50° F. The wisdom of this has been hotly

disputed by farmers in the district who argue that if the temperature is kept high, the cows yield more milk. This may be so, but the health of the animal should be considered as well as the quantity of milk she gives. What cannot be disputed is the fact that in freely ventilated sheds, the health of the cows will remain good—in close and badly ventilated sheds their health becomes enfeebled.

BAKERIES,

The various bakehouses in the parish have been visited occasionally and have always been found in excellent condition.

FACTORIES AND WORKSHOPS.

These also have been officially visited from time to time and with the exception of one small matter, involving the w.c. arrangement at the Laundry, no complaints have been made. The premises on the whole are very well kept.

METEOROLOGICAL.

The year was a wet and sunless one especially during the summer and autumn months. It should go down to posterity as the "Sunless Summer of 1910." Yet this had its advantages. If the summer months denied the farmer the usual sunshine to make his hay and give him an early harvest, the dull sunless skies, the inopportune downpours and the frequent cleansing of the atmosphere materially

helped to minimise the amount of illness due to the usual summer maladies and to maintain a relatively low death-rate all over the country.

RAINFALL.—The rainfall for the year was 26.545 inches. The only two places in the kingdom which had no excess of rain were London and Aberdeen. The rainfall was 1.583 inches above the average annual rainfall for the last 44 years.

The wettest months were August and December. The heaviest rainfall was on 23rd August when one inch of rain fell, and 1st December when 1.523 inches fell culminating in the flood to which reference has been made at the beginning of this Report. On Sunday 4th December the height of the Trent at Trent Bridge reached 79.38 feet above ordinance datum, a point only one foot below the great flood of October 1875.

BAROMETER.—The Barometer stood at its highest on 29th March and at its lowest on 7th November.

THERMOMETER.—The highest reading of the Thermometer was on 20th May (King Edward's Funeral), and 19th June when it registered 78.2 in the shade. The lowest reading was 152. on 27th January. The first half of May was particularly cold— on the 8th the highest reading of the thermometer was only 47.8.

SUNSHINE.—There were 1,140 hours of sunshine during the year. The sunniest months were May and June. The

amount of sunshine in 1909 was 1,494 hours. These figures apply to Nottingham and district. Over the country as a whole there were between 100 and 200 hours less sunshine than during 1909.

In writing these Annual Reports, I may be accused of using a good deal of what is called "padding." Well if I contented myself with bringing before you a report dealing only with figures and statistics, few would care to read it. I have always tried to embody in these reports some useful and interesting information on questions of public healt has well as of the health of the individual and I have reason to believe that their perusal affords interesting reading not only to the members of your Council, but to the wider field of readers in the parish, to whom copies are sent. In doing this I am not only following the "bent of my own inclination," but carrying out the instructions of the Local Government Board.

In the Memorandum as to Annual Reports of Medical Officers of Health issued annually by the Board, we read as follows—

" It is very desirable that the annual reports should
" be printed for the sake of facility of reference and in
" order that a supply of copies may be available for
" distribution among the town or district Councillors
" and other persons interested."

"The report should be chiefly concerned with the

"conditions affecting health in the district and with the "means for improving those conditions. It should "contain an account, brought up to the end of the "year under review. of the sanitary circumstances of the "district, and of any improvement or deterioration in "these circumstances which may have occured during the "year. Care should be taken to report fully and explicitly "on the influences affecting or threatening to affect "injuriously the public health in the district, and on the "action which has been taken, or which may still be "needed, with a view to combat those influences. It is of "especial importance that the medical officer of health "should record what action has been taken to remedy "unhealthy conditions which have been reported by him "in previous annual reports, or in special reports presented "during the year under review, and that attention should "be called afresh, year by year, to such as remain "unremedied."

In conclusion I wish to express to the Chairman and to the members of your Council my thanks for their unvarying courtesy and kindness to me during the past year—my twentieth year of service—also to Mr. Redgate, the Clerk, for advice always readily given, to Mr. Pare for his hearty co-operation in the discharge of our public duties and to Mr. Comery, the

collector for information necessary for the compiling of the Vital Statistics.

I append the usual Government tables.

I remain, Gentlemen,

Yours obediently,

WALTER HUNTER, M.D.,

M.O.H.

TABLE I.

Vital Statistics of Whole District during 1910 and Previous Years.

WEST BRIDGFORD (Nottinghamshire).

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED in the District				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT	Deaths of NON-residents registered in Public Institut's in the District,	Deaths of Residents registered in Public Institut's beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT,	
				Under 1 year of age.		At all Ages.						
		Number.	Rate,	Number.	Rate per 1,000 Births registered	Number.	Rate.				Number	Rate,
1	2	3	4	5	6	7	8	9	10	11	12	13
1900	6859	130	18·8	6	46	60	8·7					
1901	7018	142	20·2	11	77	76	10·8					
1902	7839	147	18·6	19	139	71	9·					
1903	8766	163	18·6	11	67	64	7·3					
1904	9495	163	17·2	11	67	68	7·2					
1905	9837	170	17·2	11	65	66	6·7					
1906	10143	149	14·7	11	74	76	7·5			6	82	8·1
1907	10755	173	16 1	6	35	80	7·4			3	83	7·7
1908	11362	188	16·5	11	58	64	5·6			6	70	6·2
1909	11934	182	15·3	8	44	72	6·			3	75	6·3
Averages for years 1900-1909	9401	161	17·3	10·5	67	70	7·6					
1910	12600	175	13·9	7	40	65	5·2			3	68	5·4

NOTE.—The deaths to be included in Column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division:

Area of District in acres exclusive of area covered by water) } 1190.

Total population at all ages 7018
Number of inhabited houses 1544 } At Census of 1901.
Average number of persons per house ... 4·5

Continuation of Table I.

I. Institutions within the District receiving sick and infirm persons from outside the District.	II. Institutions outside the District receiving sick and infirm persons from the District.	III. Other Institutions, the deaths in which have been distributed among the several localities in the District.
NONE.	Nottingham General Hospital Nottingham Poor Law Hospital. Nottingham County Asylum.	NONE.

The Union Workhouse is NOT within the District.

TABLE II.

West Bridgford (Nottinghamshire).

Year.	Population estimated to middle of each year	Births registered.	Deaths at all Ages.	Deaths under 1 year.
	A	B	C	D
1900 ...	6859	130	60	6
1901 ...	7018	142	76	11
1902 ...	7839	147	71	19
1903 ...	8766	163	64	11
1904 ...	9495	163	68	11
1905 ...	9837	170	66	11
1906 ...	10143	149	76	11
1907 ...	10755	173	80	6
1908 ...	11362	188	64	11
1909 ...	11934	182	72	8
Averages of Years 1900 to 1909.	9401	161	70	10.5
1910 ...	12600	175	68	7

TABLE III.

Cases of Infectious Disease notified durng the Year, 1910.

WEST BRIDGFORD. (Nottinghamshire).

Notifiable Disease.	Cases Notified in Whole District.							
	At all Ages	At Ages—Years.						
		Under 1 year,	1 to 5	5 to 15,	15 to 25	25 to 65	65 and Upw'ds.	Total cases rem'd to Hospit'l
Small Pox... ...								
Cholera								
Diphtheria (including Membranous croup)		1	3	4	3	3		
Erysipelas						5		
Scarlet Fever ...				8	1	3		1
Typhus Fever ...								
Enteric Fever ..			1			2		
Relapsing Fever ...								
Continued Fever ..								
Puerperal Fever ...								
Plague								
Totals	34	1	4	12	4	13		1

Isolation Hospital :

Name and Situation, BASFORD UNION HOSPITAL.

Total available beds, 10. Number of Diseases that can be concurrently treated, 3.

TABLE IV.

Causes of, and Ages at, Death during Year 1909.

WEST BRIDGFORD (Nottinghamshire).

CAUSES OF DEATH	DEATHS AT THE SUBJOINED AGES OF RESIDENTS WHETHER OCCURRING IN OR BEYOND THE DISTRICT						
	All Ages.	Under 1 year.	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards.
1	2	3	4	5	6	7	8
Small-pox							
Measles ...							
Scarlet Fever ...							
Whooping-cough ...							
Diphtheria [including Membranous croup	1		1				
Croup							
Fever { Typhus ...							
Fever { Enteric ...							
Fever { Other contin'd							
Epidemic influenza...	1						1
Cholera ...							
Plague							
Diarrhœa ...							
Enteritis	1	1					
Gastritis ...							
Puerperal fever ...							
Erysipelas ...							
Phthisis. (Pulmonary Tuberculosis.) ..	5					5	
Other tuberculous diseases ...	3		1		1	1	
Cancer, Malignant Disease	7					4	3
Bronchitis	3						3
Pneumonia	5			1		3	1
Pleurisy ...	1						1
Other diseases of Respiratory organs ...	1						1
Alcholism } Cirrhosis of Liver }	1						1
Venereal diseases ...							
Premature Birth ...	4	4					
Diseases & accidents of Parturition ...							
Heart Diseases ...	8				1	5	2
Accidents ...	1					1	
Suicides ...	2				1	1	
All other causes ...	24	2	1	2	2	7	10
All causes ...	68	7	3	3	5	27	23

TABLE IV. CONTINUED.

Deaths at all ages of "Residents" belonging to Localities whether occurring in or beyond the District.							Total Deaths whether of "Residents" or "non-Residents" in Public Institutions in the District
9	10	11	12	13	14	15	

TABLE V.

Infantile Mortality during the Year 1910

WEST BRIDGFORD. (Nottinghamshire).

CAUSE OF DEATH		DEATHS FROM STATED CAUSES IN WEEKS AND MONTHS UNDER ONE YEAR OF AGE																
		Under 1 Week	1—2 Weeks	2—3 Weeks	3—4 Weeks	Total under 1 Month	1—2 Months	2—3 Months	3—4 Months	4—5 Months	5—6 Months	6—7 Months	7—8 Months	8—9 Months	9-10 Months	10-11 Months	11-12 Months	Total Deaths under 1 Year
All Causes	Certified	3	2			5			1									6
	Uncertified	1				1												1
i. Common Infectious Diseases.	Small-pox																	
	Chicken-pox																	
	Measles																	
	Scarlet Fever																	
	Diphtheria (including Membranous Croup)																	
	Whooping Cough ...																	
ii. Diarrhœal Diseases.	Diarrhœa, all forms ..																	
	Enteritis, Muco-enteritis, Gastro-enteritis								1									1
	Gastritis, Gastro-intestinal Catarrh																	
iii. Wasting Diseases.	Premature Birth ..	4																
	Congenital Defects ...																	4
	Injury at Birth																	
	Want of Breast-milk Starvation																	
	Atrophy, Debility, Marasmus																	
iv. Tuberculous Diseases.	Tuberculous Menigitis ...																	
	Tuberculous Peritonitis Tabes Mesenterica																	
	Other Tuberculous Diseases																	
v. Other Causes	Erysipelas																	
	Syphilis																	
	Rickets																	
	Menigitis (*not Tuberculous*)																	
	Convulsions ...																	
	Bronchitis																	
	Laryngitis																	
	Pneumonia																	
	Suffocation, overlying ..																	
	Other causes ...	1	1															2

Population [estimated to middle of 1910] ... 12,600.

Births in the Year { legitimate ... 173. / illegitimate ... 2.

Deaths in the year of { legitimate infants ..6 / illegitimate infants... 1

Deaths from all Causes at all Ages ... 68 (corrected deaths)

ANNUAL REPORT of the MEDICAL OFFICER OF HEALTH
FOR THE YEAR, 1910, FOR THE
URBAN DISTRICT OF WEST BRIDGFORD.
on the administration of the Factory and Works hop Act,
1901, in connection with
FACTORIES, WORKSHOPS, WORKPLACES & HOMEWORK.

1—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. [1]	Number of		
	Inspections [2]	Writt'n Notices [3]	Prosecutions [4]
Factories [Including Factory Laundries]			
Workshops [Including Workshop Laundries, Dressmakers.]	26	None	None
Workplaces [Other than Outworkers premises included in Part 3 of this Report]			
Total ...	26		

2—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects.			Number of Prosecutions.
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	(5)
Nuisances under the Public Health Acts :—				
Want of cleanliness				
Want of ventilation				
Overcrowding				
Want of drainage of floors ...				
Other nuisances				
Sanitary accommodation { insufficient ... / unsuitable or defective / not separate for sexes	1	1	—	—
Offences under the Factory and Workshop Act :—				
Illegal occupation of underground bakehouse (s. 101) ...				
Breach of special sanitary requirements for bakehouses (ss. 97 to 100).				
Other offences (Excluding offencs relating to outwork which are included in Part 3 of this Report) ...				
TOTAL	1	1	—	—

4—Registered Workshops.

Workshops on the Register (s. 131) at the end of the year. (1)	Number. (2)
Bakehouses all in excellent condition	10
Laundry ,, ,, ...	1
Bottling Store ,, ,, ...	1
Joiners Shops and the like, excellent condition	3
Potted Meat Manufactory (small) ,, ,, ...	1
Dress Makers premises all in private houses ,, ,, ...	10
Total number of workshops on Register...	26

5.—Other Matters.

Class. (1)		Number. (2)
Matters notified to H.M. Inspector of Factories :—		
Failure to affix Abstract of the Factory and Workshop Act (s. 133).		None
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5)	Notified to H.M. Inspector...	,,
	Reports (of action taken) sent to H.M. Inspector...	,,
Other		,,
Underground Bakehouses (s. 101)		
Certificates granted during the year		,,
In use at the end of the year		,,

10th March, 1911.

WALTER HUNTER, M.D.,
Medical Officer of Health.

3—Home Work.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107.							
	Lists received from Employers						Addresses Outworke	
	Sending twice in a year.			Sending once in a year.				
		Outworkers.			Outworkers.			
	Lists.	Con-tractors.	Work-men.	Lists.	Con-tractors.	Work-men.	Rec'd from other Coun-cils.	For to oth Cou ci
(1).	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9
Wearing Apparel—								
(1) making, &c.	4			3			5	No
(2) cleaning and washing ...								
Lace, lace curtains and nets ...								
Artificial flowers								
Nets, other than wire nets ...								
Tents								
Sacks								
Furniture and upholstery ...								
Fur pulling								
Feather sorting								
Umbrellas, &c.								
Carding, &c., of buttons, &c. ...								
Paper bags and boxes								
Basket making								
Brush making								
Racpuet and Tennis balls ...								
Stuffed toys								
File making								
Electro-plate								
Cables and chains								
Anchors and grapnels								
Cart gear								
Locks, latches and keys								
Pea picking								
TOTAL								

ices ved n piers to ping send- lists 0)	Prosecutions.		Inspect-ions of Out-workers premises	Outwork in Unwhole-some Premises, Section 108.			Outwork in infected Premises, Sections 119, 110.		
	Failing to keep or permit inspect-ion of lists. (11)	Failing to send lists. [12]	(13)	Instan-ces. (14]	Notices served [15]	Prosec-utions. (16)	Instan-ces. (17)	Orders made [S. 110] (18)	Prosec-utions. [Sections 109, 110] [19]
			1 of each prem ises	None	None	None	None	None	None